

THE CONCEPT OF SPIRITUAL EMERGENCY

Understanding and Treatment of Transpersonal Crises

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There exists increasing evidence that many individuals experiencing episodes of non-ordinary states of consciousness accompanied by various emotional, perceptual and psychosomatic manifestations are undergoing an evolutionary crisis rather than suffering from a mental disease. The recognition of this fact has important practical and theoretical consequences. If properly understood and treated as difficult stages in a natural developmental process, these experiences -- "spiritual emergencies" or transpersonal crises - can result in emotional and psychosomatic healing, creative problem-solving, personality transformation, and consciousness evolution.

This fact is reflected in the term "spiritual emergency" that suggests a crisis, but also the potential for rising to a higher state of being.

Traditional psychiatry does not recognize the difference between mystical and psychotic experiences. All unusual states of consciousness are essentially seen as pathological and attributed to anatomical, physiological, and biochemical changes in the brain or other medical causes. There is no acknowledgement that any dramatic experiential states involving changes of consciousness could be potentially therapeutic and transformative. Psychiatry thus routinely and indiscriminately uses controlling and suppressive approaches to terminate such experiences. However, in the case of transpersonal crises, insensitive use of repressive measures can lead to chronicity and long-term dependence on tranquillizing medication or other pharmaceuticals with ensuing serious side effects and impoverishment of personality. It seems, therefore, extremely important to clarify theoretically the concept of transpersonal crisis and develop comprehensive and effective approaches to treatment.

"Spiritual emergencies" or transpersonal crises, can occur spontaneously without any precipitating factors, or be triggered by emotional stress, physical exertion and disease, accidents, intense sexual experiences, childbirth, or exposure to psychedelic drugs. However, in many instances the catalyzing factor seems to be involvement in various meditative practices which are specifically designed to activate spiritual energies. As spiritual disciplines are gaining in popularity in the West, an increasing number of people are experiencing transpersonal crises that can be traced to their practice of yoga, Zen, various movement meditations, pranayama, Kundalini

maneuvers, Tibetan Buddhist psycho-energetic exercises, and other forms of intense and focused self-exploration.

Supportive evidence for the concept of spiritual emergency can be drawn from a variety of fields: history, anthropology, comparative religion, clinical psychiatry, modern consciousness research, psychedelic therapy, Jungian psychology, new experiential psychotherapies, and many others. Indirectly, the development in a variety of scientific disciplines that undermine the Newtonian-Cartesian model of the universe and mechanistic thinking can be used to support the new concepts. While quite incompatible with traditional thinking in science, the new approaches are congruent with many important aspects of the emerging paradigm.



Definition of Spiritual Emergency

To prevent misunderstanding, it is important to emphasize that not everybody who experiences an unusual state of consciousness and intense perceptual, emotional, cognitive and psychosomatic changes falls into the category of spiritual emergency and/or can be treated with the new strategies. The concept of transpersonal crisis is not an effort oriented against traditional psychiatry; it aims at offering an alternative approach to those individuals who can benefit from it and are capable of and willing to accept it.

Many mental disorders are directly related to brain dysfunctions or diseases of other organs and systems of the body. A good medical and psychiatric examination is, therefore, a necessary prerequisite for any alternative therapeutic considerations. When this examination does not detect any medical cause, the decision will depend on the nature of the client's experiences, his or her attitude toward the process, the experiential style, and the ability to relate and cooperate. Thus even those individuals who would otherwise meet the criteria of having a spiritual emergency can not be treated by and benefit from the new strategies if they are unable to see their problems as related to an inner process, or are unwilling to undergo the pain of confronting the underlying experiences.

It is also necessary to keep in mind that even purely psychological work with people whose problems are not primarily of a medical nature can result in difficulties that require medical considerations. Here belong, for example, issues such as concern for proper nutrition, supply of minerals and vitamins, adequate rest and sleep, and prevention of dehydration. The possibility of complications of this kind has to be kept in mind whenever powerful inner experiences extend over a period of days or weeks. Intense emotional work has also clear medical contraindications, such as cardiovascular disorders and pregnancy, or epilepsy when hyperventilation is used as a facilitating technique.

The following are the important criteria suggesting that a person might be experiencing a spiritual emergency and can be offered alternative treatment:

- a. Episodes of unusual experiences which involve changes in

consciousness and in perceptual, emotional, cognitive and psychosomatic functioning. There is a significant transpersonal emphasis in the person's process, such as dramatic death and (re)birth sequences, mythological and archetypal phenomena, past incarnation memories, out-of-body experiences, incidence of synchronicities or extrasensory perception, indication of Kundalini awakening, states of mystical union, identification with cosmic consciousness, and others.



- b. Absence of an organic brain disorder underlying abnormal mental functioning, such as infection, tumor, cardiovascular or degenerative disease of the brain, etc.
- c. Absence of a physical disease of another organ or system which is responsible for the mental disorder, as exemplified by uremia, diabetes, toxic states with delirium, or decompensated cardiac disease.
- d. Reasonably good general somatic and cardiovascular condition allowing the client to endure safely the physical and emotional stress frequently associated with the experiential work and with the uncovering strategy.
- e. The ability to see the condition as an inner psychological process and approach it in an internalized way. The capacity to form an adequate working relationship and maintain the spirit of cooperation. This excludes persons with severe paranoid states, persecutory delusions and hallucinations who consistently use mechanisms of projection, exteriorization and acting out.
- f. Absence of a long history of conventional psychiatric treatment and hospitalizations which generally tend to make the application of the new approaches much more difficult and, in many cases, impossible.
- g. Since it is not possible in some cases to draw a clear line between a spiritual emergency and psychosis, it might be necessary to postpone the final decision about the strategy of treatment until the response of the client to the new techniques has been tested experimentally.

Forms of Spiritual Emergency

All forms of transpersonal crisis can be seen as dynamic exteriorizations of deep unconscious and super-conscious realms of the human psyche, which represents one indivisible, multidimensional continuum without any clear boundaries. It is, therefore, obvious that sharp demarcation of various types of spiritual emergency is, in practice, not possible.

However, we feel on the basis of our work with individuals in spiritual crisis and the study of relevant literature, that it is possible and useful to distinguish several major experiential patterns which are particularly frequent. Although they often overlap, each of them has certain characteristic features of its own that differentiate it from the others.

1. Awakening of the Serpent Power (Kundalini)
2. Shamanic Journey
3. Psychological Renewal through Activation of the Central Archetype
4. Psychic Opening
5. Emergence of a Karmic Pattern
6. Possession State

1. Awakening of the Serpent Power (Kundalini)

The concept of the Serpent Power or Kundalini originated in the Indian spiritual tradition. According to the Hindu and Buddhist Tantric schools, Kundalini is seen as the creative energy of the universe. In her external aspect, she is manifest in the phenomenal world. In her internal aspect, she lies dormant at the base of the human spine. It is traditionally symbolically represented as a coiled serpent. Activated by spiritual practice, by contact with a guru, or spontaneously, it rises in the form of active energy or Shakti up the conduits in the subtle body, opening and lightening the psychic centers, or chakras.

Although the concept of Kundalini found its most elaborate expression in India, important parallels exist in many cultures and religious groups in the Taoist yoga, Korean Zen, Tibetan Vajrayana, Christian mysticism particularly in the hesychasm, Sufism, the freemasonic tradition, Kung Bushmen of the African Kalahari Desert, North American Indian tribes, especially the Hopi, and many others. In a sense, the awakening of Kundalini can be seen as a central mechanism underlying many types of spiritual crisis.

The Tantric schools have developed intricate maps of the chakras, described in detail the physical, emotional and spiritual manifestations of Kundalini awakening, and preserved elaborate mythologies related to this process. Although not without dangers and pitfalls, the process of Kundalini rising is seen, in general, as one conducive - at least potentially - to psychosomatic healing, positive restructuring of the personality, and to consciousness evolution. However, because of its uncanny power, the scriptures treat this process very seriously and recommend the guidance of an experienced guru for persons involved in it.

The ascent of Kundalini process as described in the Indian literature can be accompanied by dramatic physical and psychological manifestations called kriyas. The most striking among these are powerful sensations of heat and energy streaming up the spine, associated with tremors, spasms, violent shaking, and complex twisting movements. Quite common also is involuntary laughing or crying, chanting of mantras

or songs, talking in tongues, emitting of vocal noises and animal sounds, and assuming spontaneous yogic gestures (mudras) and postures (asanas).

Among other physical manifestations are nausea, diarrhea or constipation, anal or uterine contractions, clenching of the jaws, rise and drop of temperature, bulimia or loss of appetite. The entire body can be rigid or limp and feel unusually large or small. As the Kundalini is freeing physical blockages, the aspirant can experience intense pain in various parts of the body. It is not uncommon that the body movements and sounds take on animal qualities resembling those of a lion, monkey, frog or a snake.

The individual can see geometrical patterns, bright radiant lights, and complex visions of saints, deities, demons and entire mythological sequences. Acoustic phenomena include a variety of sounds such as buzzing, rushing of water, humming of the bees, music, tinkling of ornaments, or singing voices. The emotional manifestations of Kundalini awakening range from ecstasy, orgasmic ruptures, and states of indescribable peace and tranquility to waves of depression, anxiety and agitation bordering on insanity.

Indian sources also describe dramatic manifestations of picturesque supernatural powers or siddhis - living without food, bilocation, gaining knowledge about various aspects of the universe, weightlessness and levitation, travel through space, and observing oneself from the outside (heautoscopy). The siddhis are seen by the tantrikas as impediments to the attainment of higher consciousness and liberation.

Although the descriptions of Kundalini have been known in the West for a long time, they have been considered until recently to be an exclusively Oriental phenomenon. Even C. G. Jung who showed keen interest in this phenomenon, thought that it rarely, if ever, occurs in the West. He and his colleagues expressed the opinion that it might take a thousand years before Kundalini is set in motion in our culture through the influence of depth psychology. However, future development showed this estimate to be wrong.

Whether this can be attributed to accelerated evolution, popularity and rapid spread of various forms of spiritual practice, pressure of the dangerous global crisis, or the facilitating effect of psychedelic drugs, it is quite clear that unmistakable signs of Kundalini awakening can be observed these days in thousands of Westerners. The merit of bringing this fact to the attention of the professional circles belongs to the Californian psychiatrist and ophthalmologist Lee Sannella.

In his pioneering book, *Kundalini: Psychosis or Transcendence*, Sannella described the form the Kundalini awakening takes in our culture and discussed it from the point of view of Western medicine and science. His physio-Kundalini syndrome differs in certain respects from the traditional descriptions; this should not be surprising, since the texts themselves are not always in agreement on the details.

Sannella's physio-Kundalini model suggests that the process of Kundalini awakening starts typically in the big toes and feet, usually on the left side, by strange sensations and twitching. The big toe nail might turn black and fall off. From here the manifestations of the process move up the legs and the back to the top of the head, down the forehead, to the sinuses, and over the face to the throat and into the

abdomen. The major blocking sites are the small of the back, between the shoulder blades, at the bottom of the skull, around the eyes, in the throat and in the pelvis.

The process of Kundalini awakening can simulate many psychiatric disorders and medical problems. Intimate knowledge of the Kundalini syndrome is essential for the clinician to make a correct differential diagnosis. The presence of characteristic energy phenomena, sensations of heat, unusual breathing patterns, pains in characteristic blocking sites for which there is no organic basis, visions of light, and the characteristic trajectory of the process are among the signs that distinguish Kundalini syndrome from psychosis.

The individuals involved are also typically much more objective about their condition, communicate and cooperate well, show interest in sharing their experiences with open-minded people, and seldom act out. Although hearing of various sounds is quite common, intruding persecutory voices do not belong to the phenomenology of Kundalini awakening.

Another psychiatric disorder that Kundalini awakening can resemble is conversion hysteria with its picturesque manifestations - motor seizures, strange sensations in different parts of the body, episodes of temporary blindness, and rich psychosomatic symptoms. As the Kundalini purges the system, it tends to reactivate traumatic memories from the past and bring their elements to the surface. The resulting emotional kriyas can involve states of anxiety, depression, aggression, confusion, or guilt; they can thus fall under various psychiatric categories and receive a number of diagnostic labels by an uninformed clinician.

The Kundalini process can also simulate a variety of medical disorders. It can be diagnosed as Jacksonian epilepsy, a lower back problem, incipient multiple sclerosis, a heart attack, or a pelvic inflammatory syndrome.

2. Shamanic Journey

Transpersonal crises of this type bear a deep resemblance to what the anthropologists have described as the “shamanic” or “initatory illness”. It is a dramatic episode of a non-ordinary state of consciousness that marks the beginning of the career of many shamans.

The core experience of the shamanic journey is a profound encounter with death and subsequent rebirth. Initiatory dreams and visions include a descent into the underworld under the guidance of demons and ancestral spirits and exposure to unimaginable tortures. Although there exist considerable variations in the details of these ordeals among different tribes and individual shamans, they all share the general atmosphere of horror and inhuman suffering.



The tortures involve dismemberment, disposal of all body fluids, scraping of flesh from bones, tearing eyes from the sockets, or similar terrifying manipulations. After the novice shaman has been reduced to a skeleton, the bones are covered with new flesh and he or she receives fresh blood. The transformed shaman aspirant then obtains supernatural knowledge and the power of healing from various semi-divine beings in human or animal form.

The next important stage of the shamanic journey is the ascent to the heavenly regions by means of a pole, birch tree, rainbow, or a magical flight. In a genuine shaman, the initiatory death is always followed by resurrection, resolution of the crisis, and good integration of the experience into everyday life. Accomplished shamans have to be able to function in the everyday reality equally well or better than their fellow tribesmen. They are good businessmen, practical psychologists, masters of ceremonies, artists and poets, as well as healers, seers and psycho-pomps. They feel at home in the ordinary and non-ordinary realities, can cross their thresholds at will, and are able to mediate this transition for other people.

In the experiences of individuals whose transpersonal crises have strong shamanic features, there is strong emphasis on physical suffering and encounter with death followed by rebirth and elements of ascent or magical flight. They also typically sense special connection with the elements of nature and experience communication with animals or animal spirits. It is also not unusual to feel an upsurge of special powers and impulses to heal.

Most traditional anthropologists and psychiatrists tend to interpret shamanism as a pathological condition related to hysteria, schizophrenia, or epilepsy. However, those who have had intimate contact with shamans know that such a position is biased, simple-minded and incorrect. Shamanistic cultures in general do not show a primitive and indiscriminate tendency to see as sacred any bizarre experience and behavior that they do not understand. They can clearly differentiate between a shaman and a person who is sick or insane.

A good integration of the “shamanic illness” and adequate functioning in everyday life are indispensable conditions for being accepted as a shaman. Like the initiatory crisis, the transpersonal episodes of a shamanic type, if properly supported, can lead to good adjustment and superior functioning in certain areas.

Shamanism is the oldest religion of humanity, reaching back tens of thousands of years. It is also a phenomenon that is practically universal; its varieties can be found in Siberia and other parts of Asia, in North and South America, Australia, Oceania, Africa and Europe. The individuals whose spiritual crisis follows this pattern are thus involved in an ancient process that touches the deepest foundations of the psyche.

3. Psychological Renewal through Activation of the Central Archetype

This type of transpersonal crisis has been explored and described by the Californian psychiatrist and Jungian analyst John Weir Perry. In his clinical work with young psychotic patients, twelve of whom he saw in systematic intensive psychotherapy over long periods of time, he recognized to his surprise that the

psychotic process was far from being an absurd and erratic product of pathological processes in the brain. If sensitive support was provided, the nature of the psychopathological development was drastically transformed and what resulted was emotional healing, psychological renewal and deep transformation of the patients' personalities. Moreover, John Perry discovered in this work that the majority of his patients manifested certain standard experiential patterns and characteristic stages if their process was not suppressed by routine psycho-pharmaceutic treatment.

The individuals in this type of crisis experience themselves as being in the middle of the world process, as being the center of all things, which Perry attributes to the activation of what he calls the central archetype. They are preoccupied with death and the themes of ritual killing, martyrdom, crucifixion, and afterlife. Another important theme is return to the beginnings of the world - to creation, the original paradisiacal state, or the first ancestor.

The experiences typically focus on some cataclysmic clash of opposite forces on a global or even cosmic level that has the quality of a sacred combat. The more mundane form of these experiences stages as protagonists: capitalists and communists, Americans and Russians, the white and yellow race, secret societies against the rest of the world, and the like. The archetypal form of this conflict involves the forces of light and darkness, Christ and Antichrist or the Devil, Armageddon and the Apocalypse.

A characteristic element of this process is preoccupation with the reversal of opposites - cultural, ethical, political or religious beliefs, values, and attitudes. This is expressed particularly strongly in the sexual area. It involves intense misgiving in regard to the opposite sex, homosexual wishes or panic, and fear of the other sex or gender reversal. These problems find their resolution typically in the theme of the union of opposites, particularly the Sacred Marriage (hierosgamos). It is a union of a mythological nature, an archetypal fusion of the feminine and masculine aspects of one's personality. Here belong the belief of being selected as spouse for a god or goddess, becoming bride to Christ, being visited by the Holy Spirit as the Virgin Mary, identification with Adam and Eve, marriage of the Sun and the Moon, King and Queen, or Prince and Princess.

This process culminates in an apotheosis, an experience of being raised to a highly exalted status, either above all humans, or above the human condition altogether - becoming a world savior or messiah, a king, a president, emperor of the world, or even lord of the universe. This is often associated with a sense of new birth or rebirth, the other side of the all-important theme of death. Women are more frequently experiencing giving birth to some extraordinary child-savior, redeemer or messiah, while men more commonly experience being born themselves. The birth of the divine child is often seen as the product of the sacred marriage.

During the time of final integration, individuals tend to draw diagrams representing the quadrate world, in which the number four plays an important role - four cardinal points, four quadrants, four rivers, or a quadrate circle. They can also create a drama, in which four kings, four countries or four political parties play a crucial role.

For a professional subscribing to the medical model, the above themes might

appear quite bizarre and do not leave any doubt that the brain function of the people experiencing them must be seriously damaged by some unknown pathological process. However, by systematic study extended over a period of many years, John Perry was able to discover deep meaning in these productions that escape the unsophisticated. He realized to his great surprise that the same basic themes appeared in the mythology of many great cultures at the time of the emergence of the cities. They were closely related to the archaic form of sacral kingship and were enacted regularly in a ritual dramatic form in annual New Year festivals.

During the time that John Perry calls “the archaic era of incarnated myth, these rituals were considered of critical importance for continued existence and stability of the cosmos, fertility and vitality of nature, and prosperity of society. In his excellent study of the myths of the royal father, Lord of the Four Quarters, Perry demonstrated that annual New Year festivals focusing on the above themes existed in many countries of the world, some of them isolated geographically and historically. They can be found in Egypt, Mesopotamia, Canaan, Israel, India, Iran, Hittite Anatolia, Greece, Rome, the Nordic lands, Mesoamerica (the Toltecs and Aztecs) and China.

In his later books, *Far Side of Madness* and *Roots of Renewal in Myth and Madness*, Perry was able to show many uncanny parallels between the ritual drama of renewal associated with sacral kingship and the sequences in the renewal process observed in acute psychotic episodes. What existed during the archaic times of sacral kingship as externalized social forms, was thus later internalized and has become inner images and processes of contemporary individuals.

Perry’s work demonstrated clearly the paramount significance of the archetypal process reenacted in this type of transpersonal crisis and the need to treat these states with due respect. His clinical observations, as well as historical research suggest that properly understood and supported, they have healing and transformative potential. They can lead to a positive restructuring of personality and to a psychological and spiritual renewal.

In Perry’s approach to psychosis the values traditionally applied by academic psychiatry to the psychotic process are reversed. The psychopathological condition is the deficient pre-psychotic personality, while the acute psychotic episode constitutes a healing and restitutive process. The prospect for a successful outcome then depends on the quality of the ego and on the understanding and support given to the individual by his environment.

4. Psychic Opening

Transpersonal crisis of this type is characterized by striking accumulation of instances of extrasensory perception (ESP) and other parapsychological manifestations. In acute episodes of such a crisis, the individual can be literally flooded by extraordinary paranormal experiences. Among these are various forms of out-of-the-body phenomena; one can experience detaching from the body and observe oneself from a distance or from above. It is not uncommon in an OOB state to accurately witness events happening in another room of the building or in a remote location. This phenomenon has been repeatedly described by thanatologists in individuals facing death (Raymond Moody, Kenneth Ring, Michael Sabom), but here it occurs without the element of vital

threat.

In these states, it is also quite common to anticipate correctly what will happen in the next moment or have a precognitive perception of events that will happen the next day or next week. Equally frequent are clairvoyant visions of past or remote events. Occasionally, crisis of this type can be associated with various forms of Poltergeist phenomena. This may be more frequent than one would expect, because of particularly strong resistance of our culture to the possibility of such events and the reluctance of subjects to speak about them. Telepathic reading of other people's thoughts and intentions can be a source of serious problems that frequently precipitate psychiatric hospitalization.

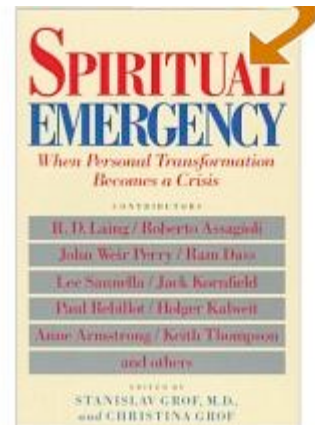
Of special interest is the astonishing accumulation of synchronistic events that often accompany this type of crisis. This phenomenon has been first recognized by C.G. Jung and described in his essay *Synchronicity: An Acausal Connecting Principle*. The individual finds himself suddenly as if in a new world, where the mandatory sequences of cause and effect are partially replaced by instances of meaningful coincidences that link elements of dreams and visions to events from external reality, or even combine everyday happenings in a way that is far beyond reasonable statistical probability.

Jung has himself described compelling examples of synchronistic events of this kind in his writings. He realized that these observations were incompatible with mechanistic science and looked for models in the new physics, the foundations of which were being laid at that time by a group of European scientists. He got special support for this concept from his friend Wolfgang Pauli, one of the founders of quantum physics, and from Albert Einstein.

Traditional psychiatry does not yet recognize the phenomenon of synchronicity and has only one answer for all the reports about meaningful coincidences - the diagnosis of delusions and of reference. Transpersonal research has shown without any doubt that individuals in spiritual crises frequently encounter true synchronicities. These are situations where everybody who has access to relevant information about the events involved has to admit that they are far beyond reasonable probability.

It is thus of critical importance not to discard every report of synchronistic events as insignificant coincidence, as indication of distorted perception, or as delusional interpretation of reality. Although synchronistic phenomena can occur during any type of transpersonal crisis, they seem to be particularly frequent in the course of psychic opening.

Many mystical schools and spiritual traditions describe emergence of paranormal abilities as a common and particularly tricky stage of consciousness evolution. It is considered essential not to become fascinated by the new abilities and interpret them in terms of one's own uniqueness. The danger of what Jung called "inflation of the ego" is probably greater here than with any other type of spiritual



crisis.

However, in our culture which tends to accept uncritically the pragmatically successful but simplistic world-view of mechanistic science, the opposite danger might be even more relevant. Many materialistically oriented scientists have made authoritative statements not only about what the universe is like, but also about what is in principle impossible. Although statements of this kind do not stand the scrutiny of rigorous logic and of modern philosophy of science, they have influenced deeply our cultural consciousness.

In this situation, many people tend to interpret experiences of telepathy, clairvoyance, or synchronicity as signs of self-deception or even insanity, because contemporary science denies the possibility of their existence. They might need sensitive guidance that should include information on the findings of modern parapsychological research, such as the work of Joseph Banks Rhine, Charles Tart, Russell Targ, Harold Putoff, Jules Eisenbud, Stanley Krippner, Arthur Hastings and others. The principles of counseling in this type of spiritual emergency have been described in a special article by Arthur Hastings. A unique autobiographical account of the crisis of this type that has resulted in an amazing psychic gift is the story of Anne Armstrong.

5. Emergence of a Karmic Pattern

In a fully developed form of this type of transpersonal crisis, the individual experiences dramatic sequences that seem to be occurring in a different temporal or spatial context - in another historical period and another country. These experiences can be quite realistic and are accompanied by strong negative or positive emotions and intense physical sensations. The person involved typically has a convinced feeling of retrieving these events from memory - reliving episodes from his or her own previous incarnations. In addition, specific aspects of such sequences suddenly seem to throw new light on various emotional, psychosomatic, and interpersonal problems of the person's present life, which were previously obscure and incomprehensible.

Frequently karmic experiences of this kind seem to be connected with simultaneous or alternating reliving of biological birth. This occurs with characteristic patterning; birth sequences involving certain specific emotions and physical sensations tend to be linked with past life themes with the same or similar elements. Thus, experiences of the first clinical stage of delivery, which involves contractions in a closed uterine system, associate with scenes of suffering in dungeons, torture chambers, and concentration camps. In a similar way, strangulation by the umbilical cord is connected with past life scenes involving hanging and strangling, or sharp pains in childbirth fuse pains inflicted by swords, lancets and daggers. The experience of the struggle in the birth canal which involves a combination of sexual arousal, pain, aggression, and fear of death can be experienced together with memories of rape and sadomasochistic events.

Since the concept of reincarnation and karma is alien to our culture, many individuals involved in this process tend to resist past life experiences as bizarre and insane. Under these circumstances it is possible to experience a variety of strange emotions, physical sensations and distortions in interpersonal relations without confronting and recognizing the karmic pattern that underlies them. We have

encountered in our workshops a number of people who relived and resolved in an experiential session with breathing, music, and body work, a karmic pattern the elements of which had been plaguing them for months in everyday life.

It is important to realize that the concept of reincarnation is a universal phenomenon in ancient and non-Western cultures. It is a cornerstone of the great Indian spiritual systems -Hinduism, Buddhism and Jainism - and in the Tibetan Vajrayana. The broad spectrum of other cultures and groups that have shared the belief in past lives is very rich; it includes ancient Egyptians, North American Indians, the Polynesian cultures, and the Orphic cult in ancient Greece. It is not commonly known that similar concepts existed in Christianity during the first four centuries of its existence, until it was banned by a special council in Constantinople under emperor Justinian.

There are other reasons than the universality of belief in reincarnation to take past life experiences seriously. They occur quite regularly in experiential work with individuals who are disbelievers and are very convincing and rich in details. In many instances, they mediate access to new information about the time and country where they take place, involving costumes, weapons, social systems, ritual forms, OR even specific historical events. Frequently, it is quite unlikely that the individual could have acquired this information during his present lifetime through the conventional channels.

Full experience and good integration of past life sequences has typically dramatic therapeutic effects. Emotional, psychosomatic and interpersonal problems can be drastically alleviated or disappear after a powerful karmic sequence. For this reason, therapists should recognize this phenomenon and utilize it, irrespective of their own belief system or the historical truth of such sequences. There are, however, observations supporting the concept of reincarnation as such. Occasionally, some of these experiences - maybe one in a hundred - can bring enough specific information about an event to allow for independent testing. This has resulted in quite astonishing case histories that are difficult to explain away along more traditional lines.

Another remarkable aspect of this phenomenon is a high incidence of synchronistic events surrounding past life experiences. In those instances where the subject identifies certain persons in his or her current life as protagonists in a reincarnation sequence, resolving of such a karmic pattern can be accompanied by dramatic changes in the lives of these other people. These are meaningfully connected with the karmic pattern involved, occur frequently within minutes of the experiential process, and can in no way be explained by traditional cause and effect mechanisms of Western science. It is also worth mentioning in this context that the American researcher Ian Stephenson was able to bring evidence supporting the concept of reincarnation in field studies of individuals who reported spontaneous memories of their past lives.

6. Possession States

This transpersonal crisis can occur in the context of experiential psychotherapy,

a psychedelic session, or as a spontaneous development in the life of an individual. It happens that during experiential work with or without drugs, the nature of the process suddenly changes dramatically. The face of the client can become cramped and takes the form of a mask of evil, the eyes assume a wild expression, the hands and the body show bizarre contortions, and the voice has an uncanny quality. When this condition is allowed to develop fully, the session bears a striking resemblance to exorcist séances in primitive cultures or medieval exorcisms of the Christian Church.

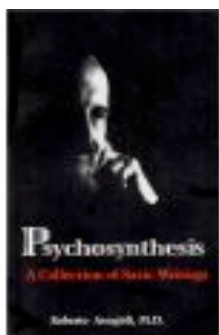
Whether this archetype of evil emerges in a working session or in the conditions of everyday life, the individual typically identifies the energy involved as demonic and is trying to suppress it by all means. Latent patterns of this kind can underlay serious psychopathology - suicidal depression, murderous aggression, impulses for antisocial behavior, craving for excessive doses of alcohol and drugs, and others. When its true nature starts manifesting, relatives, friends, and often professionals refuse to interact with the person involved, withdraw, and label him or her as evil.

The resolution of this problem requires support from people who are not afraid of the uncanny nature of the experiences involved and who can facilitate full emergence and exteriorization of the archetypal pattern. The resolution often happens after dramatic sequences of choking, projectile vomiting, or frantic motor behavior with temporary loss of control. With good support, experiences of this kind can be extremely liberating and therapeutic.

Being an initial attempt at classification in a complex territory which has not been given adequate attention in the West, the above outline is rough and sketchy. However, we hope that even in this form it will be of use to individuals undergoing transpersonal crisis and to those interested in offering assistance.

Further Reading on the Concept of Spiritual Emergency

A classical and invaluable source of knowledge in this area is the work of Carl Gustav Jung. Relevant passages can be found throughout his collected works. His concept of the collective unconscious, archetypal dynamics, the ego and the Self, the individuating process, synchronicity and many others are quite indispensable for modern understanding of the psychotic process.



The late Italian psychiatrist and founder of psychosynthesis, Roberto Assagioli has many original ideas related to the concept of spiritual emergency and a specific paper that interprets many serious psychological disturbances as vicissitudes on the way to self-realization. The classical books on *Cosmic Consciousness* by Richard Bucke, on *Ecstasy* by Margharita Laski, and on *Varieties of Religious Experience* by William James are rich sources of information directly applicable to the problem of trans-personal crisis.

One of the critical contributions to transpersonal psychology and to a new understanding of spirituality is the research of Abraham Maslow and his theoretical formulations. He demonstrated beyond any doubt that mystical experiences - or the

peak experience as he called them - must not be confused with mental illness. They occur frequently in otherwise well-adapted individuals. If well integrated, they are conducive to self-actualization.

In the field of alternative approaches to psychoses, the pioneering and controversial books of R. D. Laing, the father of anti-psychiatry, have to be recommended as basic reading. The works of Anton Boisen, Kazimierz Dabrowski and Wilson van Dusen are of great value for those seriously interested in the new concepts.

Stanislav Grof's research of non-ordinary states of consciousness induced by psychedelics and non-drug techniques has many implications for an alternative understanding of psychotic states. Also Joseph Campbell's study of mythological forms is of extreme relevance for the new approaches to spiritual crisis, particularly his description of the hero's journey that is directly applicable to the psychotic process.

The Jungian psychiatrist John Weir Perry has made major practical and theoretical contributions to the field of transpersonal crisis intervention as the founder of the alternative facility Diabases in San Francisco and author of several books which are of critical importance in the field. Julian Silverman conducted basic laboratory research in schizophrenic patients and gained important insights into the psychotic process from their perceptual style. The work of John Weir Perry and Julian Silverman provided inspiration for an extensive clinical study that they conducted jointly with Maurice Rappaport at Agnew State Hospital in San Jose, California, exploring the possibilities of non-drug treatment of schizophrenia.

The most recent important contribution to the problem of spirituality and psychosis is the work of Ken Wilber. In a series of articulate and comprehensive books, he has discussed the principles of spectrum psychology and outlined the stages of transpersonal evolution on the individual and collective scale. His distinction of pre-egoic and trans-egoic states is of great significance for the topic of our discussion. Of particular interest are his recent article and forthcoming book applying the concept of spectrum of consciousness to the spectrum of psychopathology.

The type of spiritual emergency where the main emphasis is on mythological and archetypal experiential sequences has been thoroughly explored and described by John Weir Perry. In some other instances, where the main focus is on the process of psychological death and rebirth and the manifestations can show striking similarities to the inner experiences of the shamanic journey, the best sources of information are Mircea Eliade's *Shamanism: The Archaic Techniques of Ecstasy*, Michael Harner's *The Way of the Shaman*, Julian Silverman's article *Shamans and Acute Schizophrenia* and Joseph Campbell's *The Way of Animal Power*. The series of books by Carlos Castaneda, in spite of their possible poetic license, are a goldmine of knowledge about shamanism.

Where the non-ordinary states of consciousness have a significant component of psychic phenomena, such as out-of-body experiences, mediumistic states, precognition, telepathy, or remote viewing, we recommend the books by Charles Tart, Stanley Krippner, Robert Monroe, Russell Targ, Harold Putoff. If unusual synchronicities are involved, the best source would be C.G. Jung's original paper on this phenomenon.

The form of transpersonal crisis that has the characteristics of awakening of the Serpent Power or Kundalini, has been thoroughly described in ancient Indian Tantric literature. The best modern sources are the books by Sir John Woodroffe, Lee Sannella, Swami Muktananda, Gopi Krishna, John White and Ajit Mookerjee.

The books by Thomas Szasz, particularly his most famous work, *The Myth of Mental Illness*, although not directly related to the problem of spiritual emergency, are extremely useful, because of his incisive criticism of the medical model in psychiatry, which is one of the great obstacles for alternative approaches.

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